

HIV and the RIGHT to FOOD



Ecumenical Advocacy
Alliance

Promises unfulfilled

According to the United Nations' Food and Agriculture Organization (FAO), almost one billion people are suffering from hunger and malnutrition. People affected by HIV and AIDS and women in general are particularly vulnerable to hunger, mainly because of discrimination and social exclusion.

Governments committed themselves in the Millennium Declaration to end hunger and poverty (Millennium Development Goal 1) and to combat HIV and AIDS (Goal 6). By 2015 hunger should be halved and the spread of HIV should be halted. Yet these goals are far from being reached.

States have made other specific commitments related to food, nutrition and HIV. In June 2006 under the United Nations Political Declaration on HIV/AIDS, member states resolved "to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life" (A/RES/60/262, paragraph 28). This commitment is an important component of their pledge to achieve universal access to HIV prevention, treatment, care and support.

Governments have also made commitments to respect, fulfill and protect the right to food for everyone including people living with HIV and women, among other vulnerable groups. The right to food is included in international agreements such as the International Covenant on Economic, Social and Cultural Rights of the United Nations (1966) and the Universal Declaration on Human Rights (1948). Accessibility and availability of adequate food – without discrimination – is central to the right to food, in addition to access to land and productive resources or to a salary that allows people to feed themselves and their family with dignity. If people are not able to feed themselves, social safety nets should be in place.

The promises are ambitious, but the need is immense. Unmet targets mean lives lost, with untold tragedy and hardship spread throughout families, communities and countries. Advocacy is needed to demand that states keep their promises that are essential for life for hundreds of millions of people.



EAA's perspectives on HIV and the Right to Food

The Ecumenical Advocacy Alliance (EAA) recognizes the interrelationships between nutrition and the effectiveness of antiretroviral drugs (ARVs) for people living with HIV. We are also aware of the impact of HIV and AIDS on agricultural production, and how poverty and food insecurity can lead to increased vulnerability to HIV transmission.

The EAA's two campaigns, Food for Life and Live the Promise, have joined together to bring their mutual expertise and experience to raising awareness of the linkages between food and HIV, and what everyone can do to ensure food security for people living with or affected by HIV.

This fact sheet is therefore intended to raise awareness on food and HIV among EAA members and their partners, churches, church-related organizations and civil society organizations. It also provides actions and advocacy asks so that each of us can contribute to the realization of the right to food for those most vulnerable in our society, including people living with HIV.

Links between food, nutrition and HIV

"People living with HIV/AIDS do suffer in Uganda in the context of the food crisis. The National Community of Women Living with HIV/AIDS (NACWOLA) in Uganda, which promotes positive living for women with the virus, has warned that HIV-positive patients in eastern Uganda are abandoning their antiretroviral (ARV) treatment 'in droves' because of a lack of food. The group called on the government to do more to tackle the food shortages. "If the government doesn't address the food crisis, many of us who are on ARVs are going to die," Stella, a NACWOLA member from Katakwi district, was quoted as saying on the blog."

Excerpt from the Guardian

(<http://www.guardian.co.uk/katine/2009/oct/21/food-crisis-hiv-aids>) on Food and HIV linkages in Uganda

HIV and nutrition are linked not just because adequate nutrition is essential for an individual's physical health; HIV also affects the ability of people to work and provide a sufficient income and resources for their household and community.

Adequate nutrition is vital to maintaining the immune system, improving the body's response to medical treatment, slowing the progression of the disease and giving optimal quality of life for people living with HIV.

Many people who are living with HIV often find out their status when they have already begun to get sick. In some antiretroviral treatment (ART) programmes as many as 33% of first visit clients are unable to walk without assistance. Significant weight loss in people living with HIV has been associated with increased risk of opportunistic infections, complication and early death.¹

There is increasing evidence that malnutrition combined with HIV directly influences morbidity and mortality. Thus nutrition needs to be integrated into the package of care, treatment and support for people living with HIV.² Providing medicines alone is not enough.

Access to adequate nutrition is even more essential for pregnant and breastfeeding mothers living with HIV. If a woman is undernourished, it affects the health of her child. Thus, ensuring that mothers have access to adequate food is a priority in their treatment. This is particularly a challenge when an overwhelming majority of mothers in developing countries are economically disadvantaged and unable to afford adequate replacement feeding for their children.

A lack of food security for someone living with HIV causes further complications beyond individual health. A person in poverty, with limited resources to meet basic needs for themselves or their family, may feel forced to choose between purchasing food for the short term, or purchasing necessary medicine to ensure their health for the long term. Studies have indicated that HIV is catastrophic for poor households because it can absorb 50 percent of annual income through treatment costs.³



Particularly in developing countries, where women make up the majority of smallholder farmers and also have a high prevalence of HIV infection, agricultural production and employment are severely affected by ill health. With worsening poverty, families also lose their ability to acquire food and meet other basic needs. Time and household resources are consumed in an effort to care for sick family members; caregivers are again usually women. Families may be discriminated against and become socially marginalized.

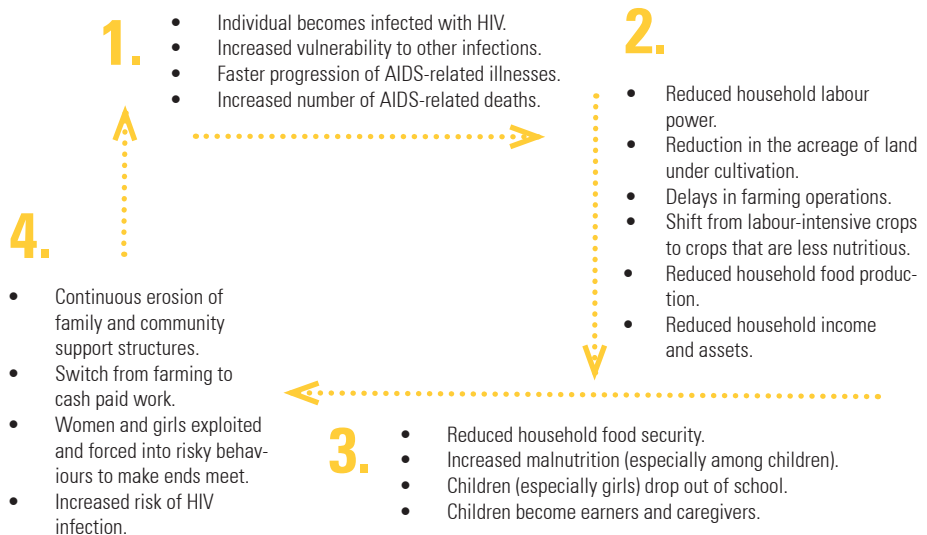
Children may be orphaned and the elderly left to cope as best they can. HIV and AIDS pose a unique threat because they disproportionately affect the most vulnerable groups in a society.

The impact on women is most severe when women are denied access to land, especially when they are the main caregivers of the family. Women's lack of rights and access to productive resources increases both household poverty and vulnerability to HIV transmission.

Poverty can increase the likelihood that women and girls will seek alliances with the holders of resources as a means of ensuring survival for themselves and their families. This same reality can encourage casual sex work as well as occasional transactional sex in return for food.

Hazards such as drought, flooding or conflict can add additional shocks to households affected by HIV that are already food insecure. Researchers have identified an "HIV induced famine". Whereas "traditional" drought-related famines kill dependents (children and elderly) first, HIV produces famine by striking at the most productive members of the family and community. Governments, which have in place emergency responses to drought-related famine, have yet to recognize and respond adequately to the "invisible" HIV-related famine.⁴

The vicious cycle of food insecurity and HIV & AIDS



James Mudari's Story (Zimbabwe)

James Mudari, despite his health condition, tries to manage a small piece of land at his homestead, which includes farming 12 chickens. He is supported by the Family AIDS Caring Trust through the HIV and AIDS and Livelihoods improvement project. He also receives a food pack from Christian Care that includes barley, soya-beans and vegetable oil. He stated, "I need to be saved from my starvation". He continued "the challenge I face is when this organization stops food aid with little community support". (Family AIDS Caring Trust-Mutare, Zimbabwe)

Why should churches care?

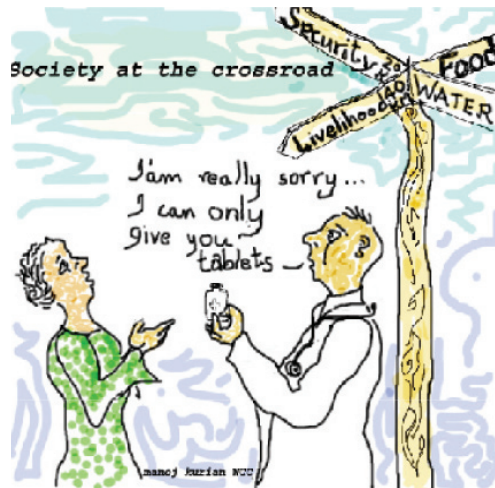
"The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation – bringing healing, hope, and accompaniment to all affected by HIV/AIDS."

(From the plan of action developed by churches, ecumenical and church-related organizations in Africa, Europe and North America and the World Council of Churches at the Global Consultation on the Ecumenical Response to HIV/AIDS in Africa, Nairobi, Kenya, November 2001)

"Give us today our daily bread..."

*Reflections from Dr. Manoj Kurian,
World Council of Churches*

Jesus said, this is how you should pray: 'Our Father in heaven, hallowed be your name, your kingdom come, your will be done on earth as it is in heaven. Give us today our daily bread... (Matthew 6: 9-11)



In 1999, a church leader who is closely known to me shared a painful encounter he had with a young lady in the streets of the city he hails from. On seeing the young lady, still in her teens, soliciting customers as a sex worker, he approached her with a social worker, and had a dialogue, enquiring the reason for her decision to pursue her course in life, and inviting her to be part of his churches' work in accompanying people living in the margins of society. He also reminded her of the dangers of her contracting sexually transmitted diseases like HIV, which could endanger her life.

She informed them that she was an orphan, whose parents had died of HIV. She was all alone, left to support herself and her four siblings. She had to drop out from school and tried to work to make a living. All she encountered was exploitation and deception. A series of tragic and cruel events led her to the current situation. She was clear that she had to support her siblings to survive. "Yes, I might get HIV, probably I am already infected. I might die of AIDS in the coming years... but if I do not get some food for my sisters and brothers today, they will starve tonight."

The church was able to assist the young woman. But for each person who is accompanied to reclaim what is justly theirs – the right to stable livelihood, security, food and health – thousands continue to slip into hunger, insecurity and vulnerability to HIV. It is clear that AIDS is at the core of a vicious circle, whereby the impacts of AIDS increase poverty and social deprivation, while poverty and social deprivation increase vulnerability to HIV infection. Jesus took the existential issue of sustenance and food very seriously. This is amply illustrated in his life and ministry. It is also obvious from the prayer he taught us to pray. But before we ask God for the 'bread or substance for the day', Jesus teaches us to invoke the reign of God. When we invoke the Kingdom of God in the Lord's Prayer, we are committing to:

- the sovereign, righteous rule of God. A rule in which power and goodness, judgment and mercy are combined.
- the reign of God, whose power is supreme over all creation, but whose love for every person is that of a Father or Mother.
- the acceptance by us in faithful, grateful obedience. We do this for the redemption of individuals and the whole society. Without it and with the flouting of the will of God, apathy and anarchy would reign.
- promoting the extension of the values of the Kingdom of God here and today: "Thy will be done on earth as it is in heaven." Fully knowing that such obedience and commitment are always costly with faith and love as the central requirements of the kingdom, Jesus bids us to "seek first his kingdom and his righteousness, and all these things shall be yours as well" (Matt. 6:33)

In the context of HIV, do we invoke these kingdom values? Do we approach the challenge in a holistic and non-judgmental manner? Do we work with comprehensive initiatives, which take the root causes seriously? Do we take the basic concerns of those among us who live with HIV, concerns regarding livelihood, food, water and security seriously? Do we see those among us who need our accompaniment as the reflection of the Divine, rather than recipients of charity?

What can you do?

The duty to ensure the realization of the right to food of vulnerable groups within society is not only a prerogative of governments. Churches and church-related organizations have a special role to play to address the needs of all people, especially those on the margins of our society. Living in a broken and sinful world, in which we see hunger all around, our immediate response as compassionate people of faith is to offer food. The HIV pandemic presents one of the most significant challenges of our times. AIDS-related illnesses cause 8,000 deaths every day, have left 13 million children orphaned, and expose the perilous state of many countries' health care systems. AIDS threatens the very existence of communities, cripples their ability to be sustainable and productive, and shatters relationships due to the accompanying stigma and discrimination.



Churches and church-related organizations can take practical steps to ensure food security particularly for people living with HIV. Churches and people of faith can also call governments to account for the promises they have made, and take action to ensure the right to food for all people, including the support and systems to help people living with HIV remain healthy and productive members of their families and communities.

As churches, church-based organizations and individuals you can:

- Raise awareness of the links between food, nutrition and HIV through sharing this fact sheet and including prayers and sermons addressing hunger and HIV in worship services.
- Hold events, including fundraising activities, to support nutritional projects that actively include people living with HIV.
- Ensure that people living with HIV in your community are involved in home-based care and nutrition education programs.
- Promote voluntary testing and confidential counseling for HIV.
- Initiate or collaborate with income generation programs that involve people living with and affected by HIV, especially families caring for orphaned children.
- Work to empower women within the church and community in order to expand their knowledge and access to resources to support themselves and their families.
- Promote the involvement of people living with HIV in community-wide nutritional and herbal gardens and orchards.
- Include HIV-related perspectives in all food security and livelihood programmes.
- Advocate with governments and donors to support HIV-affected families through targeted food programmes that are based on the right to food, in particular, “Food by Prescription”. This project aims to provide food rations alongside ARVs to patients, enhancing better absorption and thus improved, positive effects of ARV drugs in the body, and helping to mitigate side-effects of HIV.⁵

How one church development organization got involved

Lutheran World Federation Mozambique (LWF-Moz) realized the complex links between HIV and nutrition upon discovering that patients on ARVs were not able to take their drugs as required because of the lack of food. LWF-Moz appealed for support from partners, including the government, to support their Gaza, Sofala and Tete Integrated Rural Development Projects. They promote kitchen gardens, food security projects and herbal gardens.

(Eva Pinto, Project Manager Urban Projects, LWF/DWS Mozambique)



Advocacy asks to national governments

Churches, church-related organizations and civil society organizations working on food and HIV can lobby their national governments to:

- Put in place policies and programs that incorporate nutrition and food security in line with efforts to scale-up towards universal access to prevention, treatment, care and support.
- Incorporate nutrition indicators into HIV monitoring and evaluation activities, including monitoring and evaluation of the national AIDS strategy.
- Ensure agricultural policies and programs that are HIV responsive, for example integrating HIV information into agricultural extension programmes and targeting smallholder farmers, particularly women.
- Integrate HIV, food and nutrition programs by, for example: ensuring that food and nutritional assistance reaches the most vulnerable, is relevant and appropriate and does not fuel stigma and discrimination; expanding such support where needed, including for pregnant and lactating women and for children; emphasizing appropriate infant feeding as part of the prevention of vertical or 'mother-to-child' transmission of HIV.
- Work across sectors and with civil society and people living with HIV to reach the most vulnerable.

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¹ Greenaway, K. GAIN working Paper Series No 2: "Food by Prescription: A Landscape Paper", October 2009.

² For the significance of HIV-associated malnutrition: USAID/Food and Nutrition Technical Assistance –FANTA-2, "Review of Kenya's Food by Prescription Program", July 2009.

³ Russell, S. 2004. "The Economic Burden of Illness for Households in Developing Countries: A Review of Studies Focusing on Malaria, Tuberculosis, and Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome." The American Society of Tropical Medicine and Hygiene 712:149. These findings occur in Africa and Asia. See: International Labour Organization. 2003, Socio-economic impact of HIV/AIDS on people living with HIV/AIDS and their families, Delhi Network of Positive People, Manipur Network of People Living with HIV/AIDS, Network of Maharashtra People Living with HIV/AIDS, Positive Women's Network of Southern India.

⁴FANRPAN & SAFAIDS, "Silent Hunger, Policy Options for effective responses to the impact of HIV and AIDS on Agriculture and Food Security in the SADC Region", 2006. World Vision and FANRPAN are currently pilot-testing a statistical and programming tool, the Household Vulnerability Index, to explore levels of vulnerability of households due to HIV and identify most appropriate interventions to address the needs of these households in a more holistic way.

⁵ Saskia De Pe/ Richard D Semba, Nutrition and HIV Background Paper for WFP, December 2009.

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HIV and the Right to Food
By Manyara Angeline Munzara (EAA) & Ester Wolf (Bread for All)
Design by Adam Ferraro
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You are free to copy, distribute and transmit this work provided that
you retain the attribution to the EAA
150 route de Ferney
P.O. Box 2100 - CH-1211 Geneva 2 Switzerland
+41 22 791 6723
info@e-alliance.ch



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